

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42734

11989

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City / Parish**)

File No. **11989**

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No. **2247 N. Vandeventer, 11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **5** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Curtis Coates*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Next 10 - 1903*

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
25 9 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer) *at home*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Thomas Camp*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

12. MAIDEN NAME OF MOTHER *Eva Moody*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

14. INFORMANT (Address) *Ed Roman City St. Louis*

15. FILED *0721 111 1828* **REGISTRAR** *Max C. Stanley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 9 1928*

17. I HEREBY CERTIFY That I attended deceased from *Dec 7* 1928 to *Dec 9* 1928 that I last saw him *alive* on *Dec 9* 1928 and that death occurred, on the date stated above, at *11:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labar Pneumonia
109 (duration) yrs. mos. *4* ds. (By middle & lower)

CONTRIBUTORY (SECONDARY) *10/10* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
20. WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *R. Berg* M. D.
12/10 1928 (Address) *City St. Louis*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. James Mo* **DATE OF BURIAL** *12/10 1928*

20. UNDERTAKER *Am Combretes Ins Co* **ADDRESS** *4234 Manchester*

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Crite